

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571074

FILING DATE

3-8-07

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12		3				
13		1				
14	1					
15		1				
16			1			
17						
18						
19						
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21						
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23						
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25						
26			1			
27						
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31						
32						
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34						
35			1			
36						
37						
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42						
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47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	17	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

*CBW*